PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

103832-393-NP

		CLAIMS	AS FILED	- PART	I			SMALL	ENTITY		OTHE	R THAN
٥			(Colur	(Column 1)		(Column 2)		TYPE		OF	SMALL ENTITY	
TOTAL CLAIMS			1	19		·		RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.0	OR	BASIC FE	770.00
TOTAL CHARGEABLE CLAIMS			15 1	15 minus 20=		• 0		XS 9=		OR	X\$18=	0
INDEPENDENT CLAIMS						0		X43=		OR	X86=	0
М	ULTIPLE DEPE	NDENT CLAIM I	PRESENT	RESENT				+145=		OR	+290=	0
*	f the differenc	e in column 1 is	s less than	zero, enter	"0" in (column 2		TOTAL	 	OR	TOTAL	770
	(CLAIMS AS	AMENDE	ENDED - PART II					<u> </u>		OTHER	
· 	,	(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	• ENTATION OF M	Minus	TOTAL TOTAL	CI AINA	=		X43=		OR	X86=	
	rinoi rheoi	ENTATION OF M	OLTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=	i
								TOTAL		1	TOTAL	
	•	(Column 1)		(Colum	n 2)	(Column 3)	Α	DDIT. FEE	<u> </u>	OR	ADDIT. FEE	
8		CLAIMS		HIGHE	ST		Г	_	ADDI-	7 1		ADDI-
AMENDMENT		REMAINING AFTER AMENDMENT		PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	•	Minus	**		=		X\$ 9= .		OR	X\$18=	
	Independent		Minus	***		= .		X43= ·		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT (CLAIM		H			 		
							L	+145=		OR	+290=	
				•			AI	TOTAL DDIT. FEE	•	OR ,	TOTAL ODIT. FEE	
_		(Column 1) CLAIMS	r	(Column		(Column 3)				•	•	
MEN		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=	\vdash	X43=			X86=	
1	FIRST PRESEI	NTATION OF MU	LTIPLE DEF	PENDENT C	LAIM		-	A-0-		OR	∧00=	<u> </u>
. 16	ho ontry in solve	nn 1 ie loes thaa t				_	1	145=		OR	+290=	·
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
		INCLUSION PA										